



Telephone No. (804) 225-4018

Fax No. (804) 225-4003

COMMONWEALTH OF VIRGINIA

Department of Health

P.O. Box 2448

Richmond, VA 23218

TDD 1-800-828-1120

Application is hereby made for a permit to process and distribute, or to distribute Grade "A" Milk and/or Milk Products in Virginia. The establishment in which the Grade "A" Milk and/or Milk Products are to be processed is:

NAME: _____

PLANT CODE NO. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NO. _____ FAX NUMBER _____

The establishment for which the Grade "A" Milk and/or Milk Products are to be distributed is:

NAME: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NO. _____ FAX NUMBER _____

The undersigned hereby agrees that said business will at all times be conducted in accordance with State and Local Laws and rule and regulations.

NAME OF ESTABLISHMENT: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

APPLICANT _____ TITLE _____

TELEPHONE NO. _____ FAX NUMBER _____

DATE _____

RETURN TO:

**OFFICE OF ENVIRONMENTAL HEALTH SERVICES
DIVISION OF FOOD AND ENVIRONMENTAL SERVICES
P.O. BOX 2448, SUITE 115
RICHMOND, VIRGINIA 23218**